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CONFIRMATION NO. 1487

SERIAL NUMBER 10/652,864	FILING DATE 08/29/2003 RULE	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 200-019
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/407,421 08/30/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/21/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature Initials	KY	0	17	9

ADDRESS

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TITLE

Therapeutic applications of noncovalent dimerizing antibodies

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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